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Effective on 12/08/2004.				Complete if Known				
Fees pursuent to the Consolidated Appropriations Act, 2005 (H.R., 4818).  FEE TRANSMITTAL				Application Number 10/58		10/584,073	84,073 Cpnf. No.: 3384	
				Filing Date		September 20, 2006		
For FY 2009			First Named Inver	itor	Jan UTAS			
Applicant claims small entity status. See 37 CFR 1.27			Examiner Name	Į,	M.J. Hand			
				Art Unit	3	3763		
TOTAL AMOUNT OF PAYMENT (\$) 1,110.00				Attorney Docket N	o. (	0104-0583PUS1		
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify);								
Deposit Account Deposit Account Number, 02-2448 Deposit Account Name; Birch, Stewart, Kolasch & Birch, LLP								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments								
under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card								
information and authorization on PTO-2038.								
FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES								
· · · · · · · · · · · · · · · · · · ·	\$	Small Entity		Small Entity		Small Entity	T . T . ( ) ( )	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	- 1. 4 - 3 4 ×	Fee (		Fees Paid (\$)	
Utility Davidson	330	165	540	270	220	110		
Design	220	110	100	50	140		•••••	
Plant	220	110	330	165	170	0.2		
Reissuc	330	165	540	270	650	325		
Provisional	220	110	-0	0	Ü	0		
2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (\$)								
Each claim over 20 (including Reissues)						52	26	
Each independent claim over 3 (including Reissues)						220	110	
Multiple dependent claims						390	195	
Total Claims         Extra Claims         Fee (\$)         Fse Paid (\$)           27         - 20 or 35 =         0         x         =         0.00							endent Claims	
HP = highest number of total (		X er. if greater than 20.		0.00		<u>Fee (\$)</u>	Fee Paid (\$)	
Indep. Claims	Extra Clair			Paid (\$)		<del> </del>		
2 -3 or 5 = 0 x = 0,00 HP = highest number of independent claims paid for, if greater than 3.								
3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer								
listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  -100 = 0 /50 = 0 (round up to a whole number) x =								
4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Fees Paid (\$)								
Other (e.g., late filing surcharge): Extension of Time (3 months) 1,110.00								
SUBMITTED BY								
***************************************						Telephone	703-205-8000	
							1 4 2011	
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This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.